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PTO/SB/01 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

P04559US01

First Named Inventor

Vennerstrom, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPIRO AND DISPIRO 1,2,4-TRIOXOLANE ANTIMALARIALS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/19767	WO	06/21/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

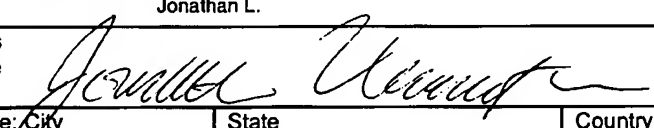
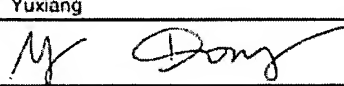
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number		22885		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country US		Telephone 515-288-3667		Fax 515-288-1338	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Jonathan L.			Family Name or Surname Vennerstrom		
Inventor's Signature 				Date 07/14/03	
Residence: City Omaha		State NE		Country US	
Citizenship US					
Mailing Address College of Pharmacy, 986025 Nebraska Medical Center					
City Omaha		State NE		ZIP 68198-6025	
Country US					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Yuxiang			Family Name or Surname Dong		
Inventor's Signature 				Date July 14, 2003	
Residence: City Omaha		State NE		Country US	
Citizenship People's Republic China					
Mailing Address College of Pharmacy, 986025 Nebraska Medical Center					
City Omaha		State NE		ZIP 68198-6025	
Country US					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jacques		Chollet	
Inventor's Signature <i>Jacques Chollet</i>		Date <i>18 July 2003</i>	
Residence: City	Basel	State	Country Switzerland
Citizenship Switzerland			
Mailing Address Swiss Tropical Institute, Socinstrasse 57			
Mailing Address Ch-4002 Basel			
City	Basel	State	Country Switzerland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hugues		Matile	
Inventor's Signature <i>Hugues Matile</i>		Date <i>18 July 2003</i>	
Residence: City	Basel	State	Country Switzerland
Citizenship Switzerland			
Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland			
Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland			
City	Basel	State	Country Switzerland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Maniyan		Padmanilayam	
Inventor's Signature		Date	
Residence: City	Woburn	State MA	Country US
Citizenship India			
Mailing Address 14 Westgate Drive #107			
Mailing Address			
City	Woburn	State MA	Country US
Zip 01801			

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Jacques		Chollet	
Inventor's Signature		Date	
Residence: City	Basel	State	Country Switzerland
Citizenship Switzerland			
Mailing Address Swiss Tropical Institute, Socinstrasse 57			
Mailing Address Ch-4002 Basel			
City	State	Zip	Country Switzerland
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Hugues		Matile	
Inventor's Signature		Date	
Residence: City	Basel	State	Country Switzerland
Citizenship Switzerland			
Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland			
Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland			
City	State	Zip	Country Switzerland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Maniyan		Padmanilayam	
Inventor's Signature		Date 07-25-03	
Residence: City	Woburn	State MA	Country US
Citizenship India			
Mailing Address 14 Westgate Drive, #107			
Mailing Address			
City	Woburn	State MA	Zip 01801
Country US			

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my conversation
11/20/07

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Yuangqing		Tang	
Inventor's Signature <i>Yuangqing Tang</i>		Date <i>07/16/03</i>	
Residence: City	Omaha	State	NE
Country	US	Citizenship	China
Mailing Address University of Nebraska Medical Center, College of Pharmacy			
Mailing Address 986025 Nebraska Medical Center			
City	Omaha	State	NE
Zip	68198-6025	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William N.		Chaman	
Inventor's Signature <i>William N. Chaman</i>		Date <i>Aug 12, 2003</i>	
Residence: City	Parkville, VIC	State	
Country	Australia	Citizenship	Australia
Mailing Address Victorian College of Pharmacy, Monash Univ., Parkville, VIC 3062 Australia			
Mailing Address Victorian College of Pharmacy, Monash Univ., Parkville, VIC 3062 Australia			
City	Parkville, VIC	State	
Zip		Country	Australia
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Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Vennerstrom, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P04559US01

I hereby appoint:

☒ Practitioners at Customer Number

22885

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Jonathon Vennerstrom

Signature

Date

07/14/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 7 forms are submitted.

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Examiner Name	
Attorney Docket Number	P04559US01

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SIGNATURE of Applicant or Assignee of Record

Name Yuanqing Tang

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name Yuxiang Dong

Signature

Date

July 14, 2003

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SIGNATURE of Applicant or Assignee of Record

Name

Maniyan Padmanilayam

Signature

Date

07-25-03

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Wade S. Bellamy
Patents Practice
my copy
11/24/03

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SIGNATURE of Applicant or Assignee of Record

Name	William N. Charman
Signature	<i>William N. Charman</i>
Date	Aug 12, 2003

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SIGNATURE of Applicant or Assignee of Record

Name

Jacques Chollet

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name

Hugues Matile

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 7 forms are submitted.

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